

SUPPLEMENT ATTACHED

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 149Registered No. 502

## 1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Miami Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { If child is not yet named, make supplemental report, as directed.

## 2. Full name of child

Richard Cordell Ayraud

## 3. Sex of Child

maleTo be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

5. No., in order of birth

## 6. Legitimate?

yes

## 7. Date

Nov 20 1927  
Month Day Year

## 8.

## FATHER

## Full name

August Dehon Ayraud

## 9. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

## 10. Color or race

white

## 11. Age at last birthday

23

(Years)

## 12. Birthplace (city or place)

DonaldsonLouisiana

(State or country)

## 13. Occupation

Linotype operator

Nature of industry

news paper

## 14.

## MOTHER

## Full maiden name

Edith Evelyn Couch

## 15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

## 16. Color or race

white

## 17. Age at last birthday

21

(Years)

## 18. Birthplace (city or place)

Buckeye

(State or country)

Arizona

## 19. Occupation

Housewife

Nature of industry

## 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

## 21. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12:15 m. on the date above stated  
(Born alive or stillborn.)

Signature

J. J. Miller

(Physician or midwife)

Address

Miami, Arizona

Filed

Dec 1, 1927

Registrar

Registrar

914-1120-536

INK—THIS IS A PERMANENT RECORD  
 RETURN must be made for each and the number of each  
 N. B.—In case of more than one child at a birth, a separate  
 der of birth stated.

\*When there was no attending physician  
 or midwife, then the father, householder,  
 etc., should make this return. A stillborn  
 child is one that neither breathes nor  
 shows other evidence of life after birth.

Given name added from  
 a supplemental report

Month, day, year